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FORM					Application Number 10/532,999								
					Filing Date	Dec	December 22, 2005						
					First Named Inventor	Mar	Marc Riemenschnitter						
	FUG 7					Art Unit	3112						
싱	(to be used for all correspondence after initial filing) TRADE NUMBER OF Pages in This Submission 10					Examiner Name		M. Lewi					
Total Number of Pages in This Submission 10					Attorney Docket Number	RO	RO0989US.RCE2 (#90568)						
ENCLOSURES (Check all that apply)													
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		X Fee Attached								l Communication to Board eals and Interferences			
	X	X Amendment/Reply			ı —	Petition				l Communication to TC l Notice, Brief, Reply Brief)			
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	Printe	Printed name D. Peter Hochberg											
	Date		august 13,201			Reg. No. 24,6			03				
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	I herel	by certify the	at this co	rrespondence is b	eing facs	imile transmitted to the US	PTO or d	leposited with	h the Un x 1450. A	ited States Postal Service with			
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Signature													
												ļ	Typed or printed name Sean Mellino

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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rk Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number MADEN Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/532,999 **Application Number** TRANSMIT December 22, 2005 Filing Date For FY 2009 Marc Riemenschnitter First Named Inventor Kim M. Lewis **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3772 TOTAL AMOUNT OF PAYMENT 130.00 RO0989US.RCE2 (#90568) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check X Credit Card → Money Order None Other (please identify): X Deposit Account Deposit Account Number:____ 08-2441 Deposit Account Name: _D. Peter Hochberg Co., L.P.A. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 330 540 220 Utility 165 270 110 220 Design 110 100 140 70 50 Plant 220 110 330 170 85 165 Reissue 330 540 650 165 270 325 220 0 Provisional 0 0 0 110 Small Entity

2. EXCESS CLAIM FEES Fee (\$) Fee Description 52 Each claim over 20 (including Reissues) 220 Each independent claim over 3 (including Reissues) 390 Multiple dependent claims **Total Claims** Fee Paid (\$) **Multiple Dependent Claims Extra Claims** Fee (\$) Fee (\$)

- 20 or HP = HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP =

HP = highest number of independent claims paid for, if greater than 3.

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50

Number of each additional 50 or fraction thereof Fee (\$) (round up to a whole number) 270.00 0.00 - 100 =

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): one-month extension of time

130.00

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SUBMITTED BY	0.00-				_
Signature	THE BLOOD	Registration No. (Attorney/Agent)	24,603	Telephone	216-771-3800
Name (Print/Type) D.	7000		Date Ougust 13,2010		

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